



City of Newport News
Employees' Retirement and Benefits Office
2400 Washington Avenue
Newport News, VA 23607

HEALTHY LIFESTYLES FORM

Employee Name:	
Employees Date of Birth:	
SSN:	
Address:	
Contact Phone Numbers	

If you are legally married, please provide the requested information for your spouse.

Spouse's Full Name (First, Middle Initial, Last)	SSN
Date of Birth	

Signature

Date